

215040452
62600

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 111	Agency Case No. B5-092023	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/03/2015		(In Military Time) TIME OF ACCIDENT 0840	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0846	Amended	
B 47	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. W Van Dorn		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/09/2015	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 2	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 08	Hwy 77					
V2/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F 1	VEHICLE NO. 1					
	DRIVER LICENSE NO.	H13417161		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER DYLAN J BROOKS			PHONE	LOCAL NO.	
V2/N 2	DRIVER ADDRESS 5315 W ZEAMER, LINCOLN, NE 68524			DATE OF BIRTH (MM / DD / YYYY)	11/03/1994	
G 4	OWNER CLINTON REUTING			PHONE 757-779-0707	LOCAL NO.	
H 4	OWNER ADDRESS 5315 W ZEAMER, LINCOLN, NE			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB476795	
V1/O 2	LICENSE PLATE NO.			YEAR (Plate Expires)	STATE (Of Plate)	
V2/O 2	VEHICLE 1997	MAKE Cadillac	MODEL STS	BODY STYLE 4 door Sedan	COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
I 1	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	VIKING INSURANCE OF WISCONSIN	
	TOWED TO	TOWED BY		POLICY NO.	274602115	
	VEHICLE NO. 2					
V1/P 1	DRIVER LICENSE NO.	H12450677		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/P 1	DRIVER MATTHEW J KELLER			PHONE 402-525-5804	LOCAL NO.	
J 01	DRIVER ADDRESS 1721 BROOKHAVEN DR, LINCOLN, NE 68506			DATE OF BIRTH (MM / DD / YYYY)	03/10/1981	
V1/Q 4	OWNER MATTHEW KELLER			PHONE 402-525-5804	LOCAL NO.	
V2/Q 4	OWNER ADDRESS 1721 BROOKHAVEN, LINCOLN, 68506			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.	
K 09	LICENSE PLATE PA NO.	SYG528		YEAR (Plate Expires)	STATE (Of Plate)	
	VEHICLE 1997	MAKE Ford	MODEL TAURUS	BODY STYLE 4 door Sedan	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
	VEHICLE ID NO. (VIN)	1FAHP2EW5CG143924		INSURANCE COMPANY	FARMERS MUTUAL	
	TOWED TO	TOWED BY		POLICY NO.	AU281814	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. # 2	NAME ADDRESS MATTHEW J KELLER 1721 BROOKHAVEN, LINCOLN, NE 68506			03/10/1981	01 1 05 4 1	M
	LOCAL NO.	MEDICAL FACILITY NAME Other	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

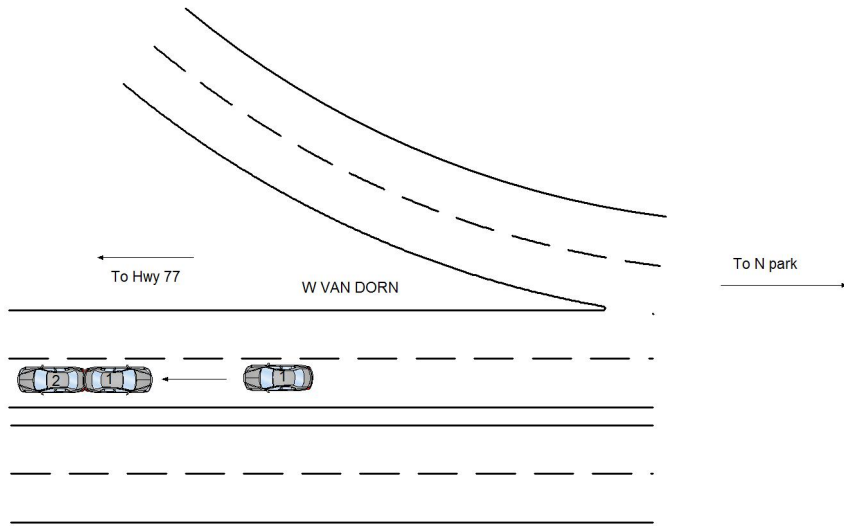
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092023

Indicate
North
by Arrow



Poi est 15' E of E edge of Hwy 77
22' S of N edge of W Van Dorn



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 reports he was behind vehicle 2 and the light turned green so he though vehicle was going to go ahead but remained stopped. Driver 1 ran into the back of vehicle 2. Driver 2 states he was stopped at the light over Hwy 77 and was hit from the back by vehicle 1. Driver 1 cited for negligent driving.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	1	2	1	2	VEH 1	1	VEH 2	2
1				X	VAN DORN			4		2					
2					VAN DORN										
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front	1 None used - vehicle occupant	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2	11				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side	2 Lap & shoulder belt used	ALCOHOL LEVEL TESTED	Y	Y	Y
					09 Leaving traffic lane					3 Deployed - both front/side	3 Shoulder belt only used	BAC LEVEL			
					10 Parked					4 Not deployed	4 Lap belt only used	ALCOHOL/DRUGS SUSPECTED	1	1	
					11 Slowing or stopped in traffic					5 Not applicable/ No airbag available	5 Child safety seat used		1	1	
					12 Other					6 Unknown	6 Child booster seat used				
					05 Turning right						7 DOT approved helmet used	1 Neither alcohol nor drugs suspected			
					13 Unknown						8 Costume helmet used	2 Yes - alcohol suspected			
											9 Restraint use unknown	3 Yes - drugs suspected			
												4 Yes - alcohol & drugs suspected			
												5 Unknown			

OFFICER NO. 1259	TROOP/TEAM/BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Benjamin Faz		INVESTIGATOR SIGNATURE Approved by Officer Benjamin Faz	DATE OF REPORT 10/09/2015